

PART B -FEE(S) TRANSMITTAL

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Raymond W. Augustin	(Depositor's name)
/Raymond W. Augustin/	(Signature)
October 19, 2009	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/532,180	11/14/2005	Roland Keibel	TRAUMA 3.3-437	6181

TITLE OF INVENTION: ORTHOPAEDIC RATCHETING FORCEPS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
Non-Provisional	no	\$1,510.00	\$300.00	\$1,810.00	10/21/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
K. T. Truong	3734	606-203000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. <u>Use of a Customer Number is required.</u>	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1. Lerner, David, Littenberg, Krumholz & Mentlik, LLP
		2.
		3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Stryker Trauma S.A.

Switzerland

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____	/Raymond W. Augustin/	Date _____	October 19, 2009
Typed or printed name _____	Raymond W. Augustin	Registration No. _____	28,588

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Raymond W. Augustin

Typed or printed name of person signing Certificate

28,588

Registration Number, if applicable

(908) 518-6318

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Issue Fee Transmittal (1 page)

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